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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/717/754
Filing Date	11/20/2003
First Named Inventor	Craft
Art Unit	3725
Examiner Name	Rosenaum
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

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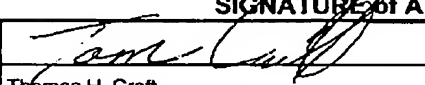
<input checked="" type="checkbox"/> Firm or Individual Name	Thomas H. Craft				
Address	21980 Coloma Drive				
City	Palo Cedro	State	CA	Zip	96073
Country	USA				
Telephone	(530) 547-3622	Email	judycraft@mac.com		

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Thomas H. Craft		
Date	December 7, 2005	Telephone	(530) 547-3622

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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